

OBJECTIVES: To estimate the prevalence and losses in quality-adjusted life years (QALYs) associated with 20 child health conditions. **METHODS:** Using the 2009–2010 National Survey of Children with Special Health Care Needs, preference weights were applied to 14 functional difficulties to summarize the quality of life burden of 20 health conditions. Furthermore, a scatterplot shows the association between condition prevalence and burden. **RESULTS:** Among the 14 functional difficulties, “a little trouble with breathing” had the highest prevalence (37.1%), but amounted to a loss of just 0.16 QALYs from the perspective of US adults. Though less prevalent, “a lot of behavioral problems” and “chronic pain” were associated with the greatest losses (1.86 and 3.43 QALYs). Among the 20 conditions, allergies and asthma were the most prevalent but were associated with the least burden. Muscular dystrophy and cerebral palsy were among the least prevalent and most burdensome. **CONCLUSIONS:** In child health, condition prevalence is negatively associated with quality of life burden from the perspective of US adults. Both should be considered carefully when evaluating the appropriate role for public health prevention and interventions.

PIH38

STATUS OF MATERNAL DEPRESSION IN RELATION TO HEALTH-RELATED QUALITY OF LIFE FOR PREGNANT WOMEN IN CHINA: RESULTS FROM A HOSPITAL-BASED SURVEY

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OBJECTIVES: Maternal depression is hypothesized as a risk factor for compromised health-related quality of life (HQOL) during pregnancy. The objective of our study was to compare HQOL for pregnant women with or without depression and provide evidence for early detection of depression during pregnancy in China. **METHODS:** Women at the third trimester of pregnancy were consecutively recruited from antenatal clinics of West China Second Hospital between October 2013 and February 2014 in Chengdu, China. They were surveyed using a questionnaire comprised of basic information of pregnant women, the Chinese version of the Edinburgh Postnatal Depression Scale (EPDS), and the Generic Medical Outcomes Study Short Form-36 (SF-36). **RESULTS:** A total of 2242 pregnant women aged 30.0 ± 4.0 years responded to our survey. Compared with women with depression during pregnancy (EPDS score ≥ 13), those without antepartum depression (EPDS score < 13) had higher HQOL scores. SF-36 dimension scores (mean ± SD) for the two groups were 59.69 ± 18.72 vs 63.24 ± 16.53 for physical function (PF); 43.10 ± 24.66 vs 52.05 ± 24.90 for role-physical (RP); 59.90 ± 19.65 vs 70.21 ± 17.61 for body pain (BP); 60.98 ± 17.92 vs 74.23 ± 15.32 for general health (GH); 50.84 ± 15.40 vs 62.19 ± 14.50 for vitality (VT); 65.09 ± 18.66 vs 76.82 ± 16.99 for social function (SF); 55.49 ± 26.55 vs 75.37 ± 25.80 for role-emotional (RE); and 62.20 ± 13.33 vs 80.59 ± 10.62 for mental health (MH) ($P < 0.01$ for comparisons in each dimension). Multiple linear regression analysis showed that EPDS scores were statistically associated with SF-36 scores (beta = -3.81 for PF; -9.07 for RP; -10.52 for BP; -11.36 for GH; -10.17 for VT; -11.99 for SF; -18.37 for RE; and -17.50 for MH. $P < 0.01$ for all comparisons). **CONCLUSIONS:** Pregnant women with depression show poorer HQOL during pregnancy than those without depression. It indicates a necessity for routine screening of maternal depression to relieve its negative impact on pregnant women's life.

PIH39

UNDERSTANDING APPARENT HEALTH OUTCOME DISPARITIES BETWEEN ETHNIC GROUPS IN THE U.S

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OBJECTIVES: This study aims to understand ethnic group disparities in health outcomes by examining health-related quality of life (HRQoL), work productivity loss, and resource use. **METHODS:** The data came from the 2013 US National Health and Wellness Survey, a representative, cross-sectional general health survey (N=75,000). Respondents were categorized into ethnic groups based on self-reported race and Hispanic origin questions: White (n=57,916), Black (n=7,855), Hispanic/Latino (n=6,192), Asian (n=3,792), Other/Multi-ethnic (n=2,534). Differences were examined for HRQoL (SF-36v2: mental and physical component summary (MCS, PCS) and SF-6D (health utility) scores), productivity loss (Work Productivity and Activity Impairment questionnaire), and resource use in the past 6 months. Initial analyses used one-way ANOVAs and multivariable generalized linear models were used to control for demographic and health characteristics (e.g., income) to examine the unique effect associated with ethnicity. **RESULTS:** Preliminary comparisons revealed White respondents had the highest MCS scores (Mean=49.41) and health utility scores (M=0.74) whereas Hispanic/Latinos and Other had the lowest MCS (M=46.13, M=46.74, respectively) and health utility (M=0.71, M=0.70) scores (all $p < .05$). Asian respondents had the highest PCS scores (M=52.20) with Other having the lowest (M=49.19; $p < .05$). Overall, White respondents had less work productivity loss (M=14.17%) and activity impairment (M=22.22%) than Hispanic/Latino (work productivity loss M=22.30% and activity impairment M=24.41%) or Other (work productivity loss M=19.06% and activity impairment M=26.20%; all $p < .05$). Relative to Hispanics, White respondents reported less ER visits (M=0.19 vs. 0.34) and hospitalizations (M=0.11 vs. 0.23; all $p < .05$). Adjusted models lessened many of these differences, often likening White respondents to those of ethnic minority groups. **CONCLUSIONS:** Initial analyses showed White respondents had higher HRQoL, less work and activity impairment, and lower resource use. However, after controlling for confounders, many of those differences were minimized indicating that factors other than ethnicity may more strongly influence health outcomes such as income.

PIH40

VALUATION OF CHILD HEALTH-RELATED QUALITY OF LIFE IN THE UNITED STATES

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OBJECTIVES: Many economic analyses fail to incorporate evidence on child health-related quality of life (HRQoL) due to a paucity of quality-adjusted life year (QALY) estimates. This health valuation study is the first to summarize the EQ-5D-Y on a QALY scale. **METHODS:** Drawn from a nationally representative panel, 5207 adult respondents were asked to choose between 2 losses in child HRQoL. **RESULTS:** Based on their choices, a 1-year increase in child pain/discomfort from “some” to “a lot” equals a loss of 4 QALYs (CI 95% 3.8–4.4). Likewise, a 1-year increase in child anxiety/depression from “a bit” to “very worried, sad or unhappy” equals a loss of 2 QALYs (CI 95% 1.9–2.2). **CONCLUSIONS:** These findings enable the integration of child-reported outcomes with adult preferences to inform economic analysis. Results inform both clinical practice and resource allocation decisions by enhancing understanding of difficult tradeoffs in child-reported outcomes.

PIH41

THE VALUE ADULTS PLACE ON CHILD HEALTH AND FUNCTIONAL STATUS

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OBJECTIVES: By summarizing the value adults place on child health and functional status, this study provides a new quantitative tool that enhances our understanding of the benefits of new health technologies and illustrates the potential contributions of existing datasets for comparative effectiveness research in pediatrics. **METHODS:** Respondents, ages 18 and older, were recruited from a nationally representative panel between August 2012 and February 2013 and completed an online survey with a series of paired comparisons. Specifically, they chose between child health and functional status outcomes; these were described using the National Survey of Children with Special Health Care Needs, a 14-item descriptive system of child health outcomes, ages 0 to 17 years. Using respondent choices regarding an unnamed 7- or 10-year-old child, generalized linear model analyses estimated the value of child health and functional status on a quality-adjusted life year scale. **RESULTS:** Across the domains of health and functional status, repeated or chronic physical pain, feeling anxious or depressed, and behavioral problems (such as acting out, fighting, bullying, or arguing) were most valuable, as indicated by adult respondents' preference of other health problems to avoid outcomes along these domains. **CONCLUSIONS:** These findings may inform comparative effectiveness research, health technology assessments, clinical practice guidelines, and public resource allocation decisions by enhancing understanding of the value adults place on health and functional status of children. Improved measurement of public priorities can promote national child health by drawing attention to what adults value most and complementing conventional measures of public health surveillance.

PIH42

“WOULD YOU LIKE AN ALL-INCLUSIVE LUXURY HOLIDAY WITH FIRST CLASS FLIGHTS TO EGYPT WITH YOUR SOVALDI PRESCRIPTION” - INNOVATIVE COST-SAVING SOLUTIONS FOR US PAYERS

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OBJECTIVES: Gilead implemented a tiered global pricing strategy for SOVALDI where the price reflects a county's ability to pay; a 12-week treatment course in the US costs \$84,000 versus \$840 in India, Egypt and Brazil. SOVALDI has generated some strong payer outcry as its price combined with the large patient population results in a substantial budget impact. This research aimed to evaluate how it could be money-saving for US insurers to reimburse patients for luxury holidays to Egypt where SOVALDI is available at a 99% discount. **METHODS:** On the 26th November 2014, prices were sourced for the Fairmont Cairo 5-star hotel alongside first-class flights on Emirates airline for trips at the following weekend (Friday 28th to Sunday 30th November) reflecting the potential need for prompt commencement of treatment following diagnosis. **RESULTS:** The most expensive suite at the Fairmont Cairo was the 233m2 “Diplomatic Suite King,” overlooking the Nile at \$10,000 a night for 2 people. First-class flights for 2 persons leaving on the 28th November and returning on the 30th would cost \$42,754. Therefore, US insurers could afford to send hepatitis C patients along with a friend/partner on a luxury weekend break to the most expensive suite in a 5-star hotel in Cairo to collect their SOVALDI prescription for a total of \$63,594. This means that insurers could give the patient an additional \$10,000 in spending money and still make cost-savings exceeding \$10,000, as compared to having SOVALDI dispensed in the US. **CONCLUSIONS:** The availability of high-cost therapeutics in other countries at a fraction of the price that it costs in the US, offers opportunities for US payers to save costs whilst simultaneously offering quality-of-life improving vacations for patients. Is it feasible to offer patients such options? If so, could increasing international price arbitrage for pharmaceuticals open a new market?

PIH43

ANALYSIS OF SURVEY DATA FOR LEARNING EFFECTIVENESS EVALUATION OF A TALENT MANAGEMENT PROGRAM FOR DAIRIES AND FEEDLOTS

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OBJECTIVES: Training courses are provided for human capital services that strive to make proper talent management a competitive advantage for producers in the US livestock market. This analysis measures the effectiveness of the training program including ROI, identifies the demographics of the most successful learners and necessary program adjustments. **METHODS:** Utilizing a survey data collection instrument and analytics software application that includes program specific benchmarks, course participants were invited to complete a Follow Up survey >2 mos. post completion. Survey data from November 2012–December 2014 including 124 Follow up surveys and 19 Manager surveys were analyzed. For Likert-type questions (1 – 5 response scale) a percent favorable, also known as a top two box, was used to display response data. For percentage based questions (0%–100% response scale in 10% increments), a simple average calculation was used to dis-